

L18000170826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

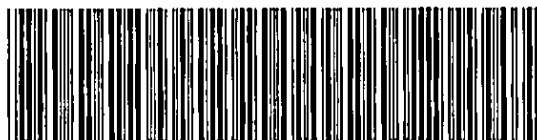
(Business Entity Name)

(Document Number)

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2018 JUL 13 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

JUL 16 2018

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: The Last Supper LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Corey Hicks or Summer miller
Name of Person

The Last Supper LLC
Firm/Company

P.O. Box 6821
Address

Riverview, FL 33511
City/State and Zip Code

thelastsupperforex@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Summer miller at (813) 601-2849
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

W18 0000 54266 - The LAST Supper LLC

COVER LETTER

RECEIVED

TO: New Filing Section
Division of Corporations

2018 JUL 13 PM 3:46

SUBJECT: The Last Supper fx LLC
Name of Limited Liability Company

REGISTRATION SERVICES
COMMERCIAL
SERVICES

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Corey M. Hicks

Name of Person

Firm/Company

P.O. BOX 6821

Address

Brandon, FL 33508

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

COREY HICKS

Name of Person

at (813)

Area Code

816-3320

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Last Supper fx LLC

(Must contain the words "Limited Liability Company, "L.L.C." or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

867 W. Bloomingdale Ave.
Apt. 16821
Brandon, FL 33508

Mailing Address:

P.O. Box 16821
Brandon, FL 33511

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

COREY HICKS

Name

7520 Turtle View Dr.

Florida street address (P.O. Box **NOT** acceptable)

RUSKIN

FL

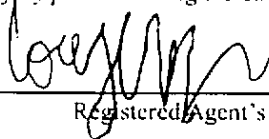
33573

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

~~AMBR~~ MGR

COREY HICKS
7520 TURTLE VIEW DR.
RUSKIN, FL 33573

~~AMBR~~ MGR

SUMMER MILLER
9807 SOMERSET WIND DR. APT 303
RIVERVIEW, FL 33578

(Use attachment if necessary)

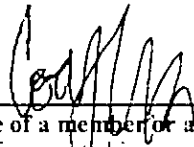
ARTICLE V: Effective date, if other than the date of filing: JULY 1, 2018 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date shall not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

COREY HICKS

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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